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# Rules of Department of Economic Development

## Division 70—State Board of Chiropractic Examiners Chapter 4—Chiropractic Insurance Consultant

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## Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 70—State Board of Chiropractic Examiners

#### Chapter 4—Chiropractic Insurance Consultant

#### 4 CSR 70-4.010 Chiropractic Insurance Consultant

*PURPOSE: This rule sets out procedures for chiropractic physicians to become certified as chiropractic insurance consultants to perform third-party reviews, compensation for third-party reviews and annual reports.*

*Editor's Note: On February 12, 1991 the Joint Committee on Administrative Rules voted to disapprove sections (1), (4) and (6) as originally proposed.*

(1) All licensees who review chiropractic records for the purposes of determining the adequacy or sufficiency of chiropractic treatments, or the clinical indication for those treatments, must be certified to do so and shall notify the board annually that they are engaged in those activities and the location where those activities are performed.

(2) No licensee may receive compensation from a third-party payor based in whole or in part upon the amount of fees the licensee recommends be reduced or denied when the licensee is reviewing files of persons other than his/her patients for the purpose of determining the adequacy or sufficiency of chiropractic treatments of the clinical indication for the treatments.

(3) All licensees must report annually to the board the number of reviews which they conduct and the amount of their income derived from claims review expressed as a percentage of their total income from the practice of chiropractic.

*Auth: section 331.100.2., RSMo (1986).\*  
Emergency rule filed Dec. 21, 1990,  
effective Dec. 31, 1990, expired April 29,  
1991. Original rule filed Oct. 16, 1990,  
effective April 29, 1991.*

*\*Original authority 1939, amended 1949, 1969,  
1980, 1981.*

#### 4 CSR 70-4.020 Application for Certifica- tion of Insurance Consultant

*PURPOSE: This rule states where to obtain application forms and when to send the proof of education that is needed*

*to become certified as an insurance consultant.*

(1) Application shall be made on the form provided by the board. The application shall be signed by the applicant who shall swear that the information provided is true and correct according to the applicant's best knowledge, information and belief.

(2) Application forms may be obtained from the board office.

(3) Prior to obtaining certification, the licensee must submit proof that s/he has satisfied the requirements of section 376.423, RSMo. The licensee shall keep copies of all records proving compliance with section 376.423, RSMo for two (2) years and shall submit them to the board if requested.

*Auth: section 331.100.2., RSMo (1986).\*  
Emergency rule filed Dec. 21, 1990,  
effective Dec. 31, 1991, expired April 29,  
1991. Original rule filed Oct. 16, 1990,  
effective April 29, 1991.*

*\*Original authority 1939, amended 1949, 1969,  
1980, 1981.*

#### 4 CSR 70-4.030 Renewal and Post-grad- uate Education

*PURPOSE: This rule sets requirements for chiropractic insurance consultants to renew the certification and the required postgraduate education.*

(1) The chiropractic insurance consultant's certification shall be renewed annually. The board shall send a notice to each certified consultant.

(2) To renew the certification the chiropractic insurance consultant annually shall obtain twelve (12) hours of postgraduate education in insurance consulting which has been approved by the board. This postgraduate education is in addition to the postgraduate education required to renew the consultant's chiropractic license.

*Auth: section 331.100.2., RSMo (1986).\*  
Original rule filed Feb. 15, 1991, effective  
July 8, 1991. Amended: Filed March 4,  
1993, effective Sept. 9, 1993.*

*\*Original authority 1939, amended 1949, 1969,  
1980, 1981.*



MISSOURI STATE BOARD OF CHIROPRACTIC EXAMINERS  
**APPLICATION FOR REGISTRATION AS AN  
INSURANCE CONSULTANT**

FEE PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
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**INSTRUCTIONS** **USE BLACK INK**  
 All information requested on this application must be **typewritten** or **printed**. Must be legible. If more room is needed for any item below, attach a separate sheet of paper.

I hereby apply for registration as an insurance consultant in the state of Missouri, and submit for consideration the following proofs as required by the Missouri laws governing the practice of Chiropractic, and by the Rules of the State Board of Chiropractic Examiners of Missouri.

1. NAME (PRINT NAME IN FULL, INCLUDING MIDDLE NAME AND MAIDEN NAME)	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
2. PRESENT ADDRESS	
3. ARE YOU CURRENTLY LICENSED TO PRACTICE CHIROPRACTIC IN MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER IF YES ►
4. LIST OTHER STATES WHERE YOU ARE NOW OR HAVE BEEN LICENSED. <span style="float: right;"><input type="checkbox"/> NONE</span>	
5. HAVE YOU HAD ANY COMPLAINTS FILED AGAINST YOU IN ANY STATE? (IF YES, EXPLAIN WHERE AND THE NATURE OF THE COMPLAINT) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
6. HAVE YOU EVER VOLUNTARILY SURRENDERED A STATE LICENSE? (IF SO, STATE REASONS) <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
7. LIST ANY PROBATION, SUSPENSION OR REVOCATION OF YOUR CHIROPRACTIC LICENSE IN ANY OTHER STATE. <span style="float: right;"><input type="checkbox"/> NONE</span>	
8. HAVE YOU EVER BEEN CHARGED, ENTERED A PLEA OF GUILTY OR NOLE CONTENDERE, OR CONVICTED OF ANY CRIMINAL OFFENSE(S) IN MISSOURI, OR IN ANOTHER STATE, OR IN FEDERAL COURT (OTHER THAN MINOR TRAFFIC VIOLATIONS)? IF YES, ATTACH EXPLANATION STATING DATE AND PLACE OF CHARGE, PLEAS OR CONVICTION(S) AND THE NATURE OF SUCH OFFENSE(S). <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
9. LIST PERCENTAGE OF EARNED INCOME FROM THE PRACTICE OF CHIROPRACTIC, EXCLUDING INSURANCE CLAIMS REVIEW.	
10. CERTIFICATION ENCLOSED OF SUCCESSFUL COMPLETION OF AT LEAST ONE HUNDRED (100) HOURS OF POST GRADUATE TRAINING, IN INSURANCE CLAIMS CONSULTING, WHICH TRAINING WAS PRESENTED BY A COLLEGE OF CHIROPRACTIC HAVING STATUS WITH THE COUNCIL ON CHIROPRACTIC EDUCATION. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
11. CERTIFICATION ENCLOSED OF SUCCESSFUL COMPLETION OF AT LEAST ONE HUNDRED (100) HOURS TRAINING IN INSURANCE CLAIMS CONSULTING IN THE COURSE OF STUDY APPROVED BY THE STATE BOARD OF CHIROPRACTIC EXAMINERS. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
Missouri Statutes 565.060 - False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor.	
SIGNATURE OF APPLICANT ►	DATE

MO 419-1777 (9-90)